


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # A04000001514 1. Entity Name CODINA RESIDENTIAL, LTD. |  |
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|---|---|
| Principal Place of Business 355 ALHAMBRA CIRCLE SUITE 900 CORAL GABLES, FL 33134 | Mailing Address 355 ALHAMBRA CIRCLE SUITE 900 CORAL GABLES, FL 33134 |
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04122006 No Chg-LP CR2E003 (11/05)

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| | |
|---|---------------------------------------|
| 4. FEI Number 20-1653901 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

COBB, KOLLEEN O.P.
355 ALHAMBRA CIRCLE
SUITE 900
CORAL GABLES, FL 33134

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | |
|---------------------------------|--------------------------------|
| DOCUMENT # | P04000132254 |
| NAME | CODINA RESIDENTIAL, INC. |
| STREET ADDRESS | 355 ALHAMBRA CIRCLE, SUITE 900 |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/15/06-80057-012 500.00

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 200, Florida Statutes.

SIGNATURE: Kolleen O.P. Cobb Vice President
Date: 4/28/06 Daytime Phone #: 305-520-2300